

**TEXAS DEPARTMENT OF HEALTH
BUREAU OF HIV/STD PREVENTION
CORE SITE REVIEW**

Date of Review:

Contractor: .

Location:

Funding Sources: **State:** **Federal:**

Program(s) Reviewed:

Date of last review:

Regional HIV Coordinator:

Name and Title(s) of Reviewers:

For each review item, place an X in the appropriate column (YES, No, Not Applicable or Not Required). The column to the right should be used to clarify any No or N/A responses or to provide additional information. Comments can be continued on the back if additional space is needed. This tool is to be used with the programmatic tools.

Item Reviewed	Yes	No	N/A; N/R	Comments
A. ADMINISTRATIVE				
Agency has HIV workplace guidelines in place comparable to those of the TDH				
The agency has written and established policies for:				
a. Records security				
b. Release of information				
c. Transfer of records				
d. Archiving records				
e. Destruction of records				
Agency has a written confidentiality policy to protect client/patient information and documents.				

Item Reviewed	Yes	No	N/A; N/R	Comments
Agency has a written policy on universal precautions.				
B. PERSONNEL AND STAFFING				
There is a current organizational chart which shows the lines of responsibility and authority.				
The agency has written personnel policies.				
There is a written job description, including minimum qualifications and credentials, for each position.				
All positions are occupied by individuals with appropriate qualifications, training and experience as required by job descriptions.				
Grant supported staff perform activities consistent with their contract.				
There is a method for conducting annual performance evaluations of personnel which assesses technical skills and job knowledge.				
There is a written orientation plan for new staff.				
There is a signed confidentiality statement in each employee or volunteer's file.				
Personnel records are maintained confidentially.				
There is a probationary period for new staff.				
There is a written plan which identifies performance-based objectives (PBO's) or program objectives for the coming year, that are developed with staff input.				
C. PLANNING AND EVALUATION				
The objectives are based on the needs and priorities of the community.				

Item Reviewed	Yes	No	N/A; N/R	Comments
Objectives, workplans and progress reports are shared with/provided to all program staff.				
There are systems in place to collect, measure, and evaluate data for reports and program evaluation.				
The agency submits required reports on time.				
Customer input in planning and evaluation of services is evidenced through the use of advisory boards, surveys or other appropriate methods.				

D. CLIENT FEES, RECORDS AND RIGHTS

The agency has a policy for fee collections.				
There is a policy which guarantees that services will not be denied because of inability to pay.				
Medical, eligibility and other confidential information is kept in a locked and secure area when not in use.				
There are signed consent forms for medical and Counseling and Testing services.				
Staff demonstrate privacy and confidentiality when providing services to clients.				
Bilingual staff or the services of an interpreter are available.				
General information and educational materials are available in the languages appropriate to the population served.				
There is a written client grievance policy.				

E. QUALITY ASSURANCE

Item Reviewed	Yes	No	N/A; N/R	Comments
The agency has written and implemented Quality Assurance procedures that include:				
a. Ongoing evaluation of clinical counseling and educational service				
b. Observation of staff/client interactions				
c. Ongoing records/files reviews to assure conformity to standards				
d. A system developed or being developed to monitor outcomes of services provided				
e. Training and education bases on QA results.				
F. CLIENT SERVICES AND REFERRALS				
An appropriate, thorough client history is obtained.				
Clients are educated and counseled according to individual needs and circumstances.				
Case management and follow-up are appropriate to individual client needs and circumstances.				
Clients are referred to other agencies appropriately.				
An updated list of appropriate referral resources is maintained of sources which benefit target populations such as CTRPE sites, STD sites, HIV service agencies, substance abuse centers, medical/mental health clinics, crisis centers, shelters, etc, and is available to all staff making referrals.				
The agency has a system which includes a policy for complete disposition of referrals.				

Item Reviewed	Yes	No	N/A; N/R	Comments
Agency services are available at times accessible to targeted populations (outside of 8-5 hours).				
G. FACILITY				
The facility is clean and appropriately maintained.				
The facility is geographically accessible to clients.				
The agency has signs posted and visible to clients in appropriate languages.				
No noticeable barriers or obstacles to handicapped client access exist.				
The agency is adequately equipped for services provided.				
There are handwashing facilities in or near exam rooms.				
Proper disposal equipment for sharps and medical waste is conveniently provided.				

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